HIV Prevention and Transmission Myths among a Sample of Heterosexually Active Adults in South Florida

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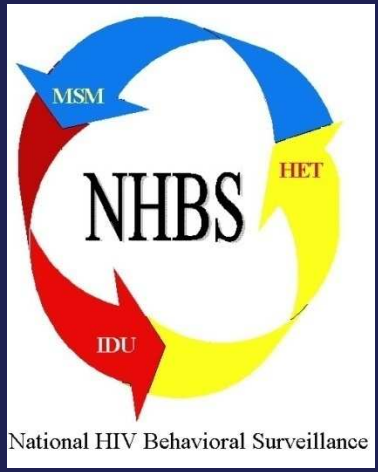
Background

- Estimates of annual HIV incidence in the U.S. emphasize the need for continued and effective prevention activities
- It is important that future prevention efforts consider the full range of prevention and transmission beliefs among persons at risk for or living with HIV
- Holding false or conspiracy beliefs about HIV and its transmission has been associated with behaviors that can lead to increased HIV transmission

National HIV Behavioral Surveillance (NHBS)



- **CDC-funded study in over 20 U.S. MSAs with high AIDS prevalence**
  - FL NHBS sites: Miami and Fort Lauderdale
- **Collects cross-sectional data**
  - HIV prevalence, risk behaviors, testing behaviors, and use of prevention services
- **Study cycles rotate by population**
  - MSM, IDUs, and at-risk heterosexuals

Behavioral Surveillance Among Heterosexuals At Risk for HIV Infection (NHBS-HET)

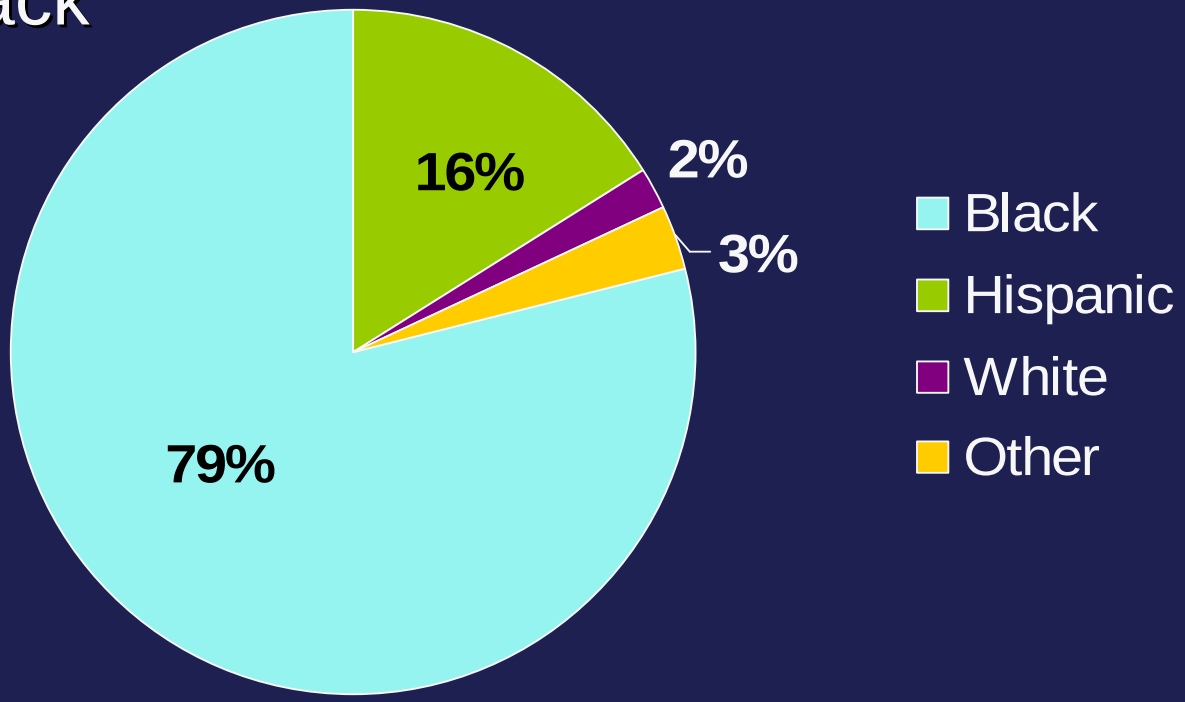
- Conducted in 2007
- Heterosexual at risk for HIV infection: an adult male or female with
  - a physical or social connection to a “high- risk area” and
  - at least one opposite-sex partner in the past year
- High-risk areas: census tracts with high rates of poverty and heterosexually-acquired HIV/AIDS cases
- Venue-based sampling was used to recruit 1,224 eligible participants within selected high-risk areas
- Measures on HIV prevention and transmission beliefs were included in Florida’s local questionnaire

NHBS-HET Eligibility Criteria

- 18-50 years of age
- Lives in Miami-Dade, Broward, or Palm Beach county
- Male or female (not transgender)
- Reports vaginal or anal sex with a person of the opposite sex in the past 12 months
- Able to complete interview in English or Spanish
- Not a previous NHBS-HET participant

Demographic Characteristics of Sample N=1,224

- Mean age: 35 years
- 58% male, 42% female
- Majority black



*Results are preliminary

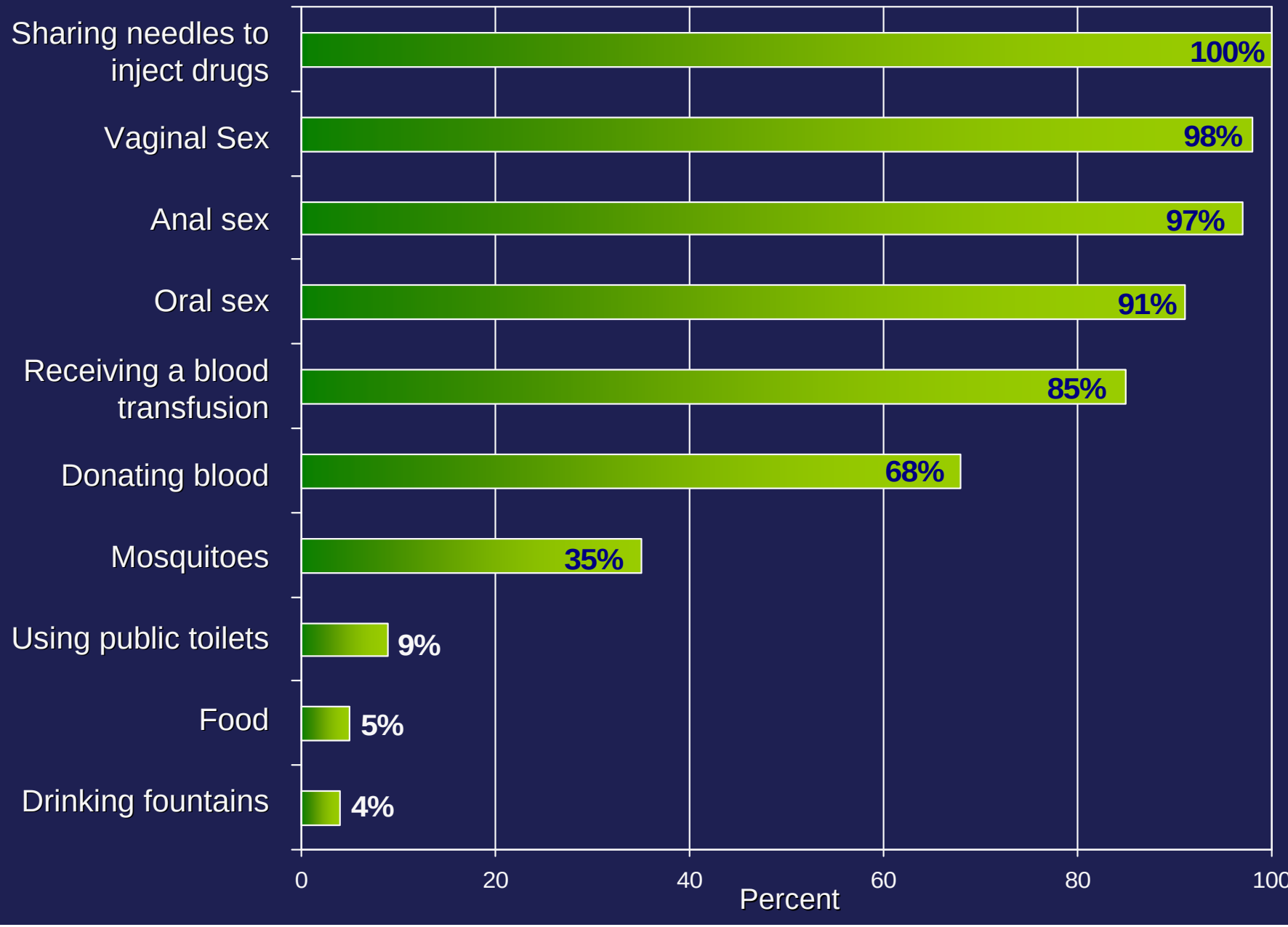
Characteristics of Sample (cont'd)

- 91% self-identify as heterosexual, 9% as bisexual
- Majority (85%) born in U.S.
- 2/3 (63%) without health insurance at time of interview
- Majority (60%) have an annual income under $10,000
- Half (50%) unemployed at time of interview
- 42% depressed (according to CES-D 10)

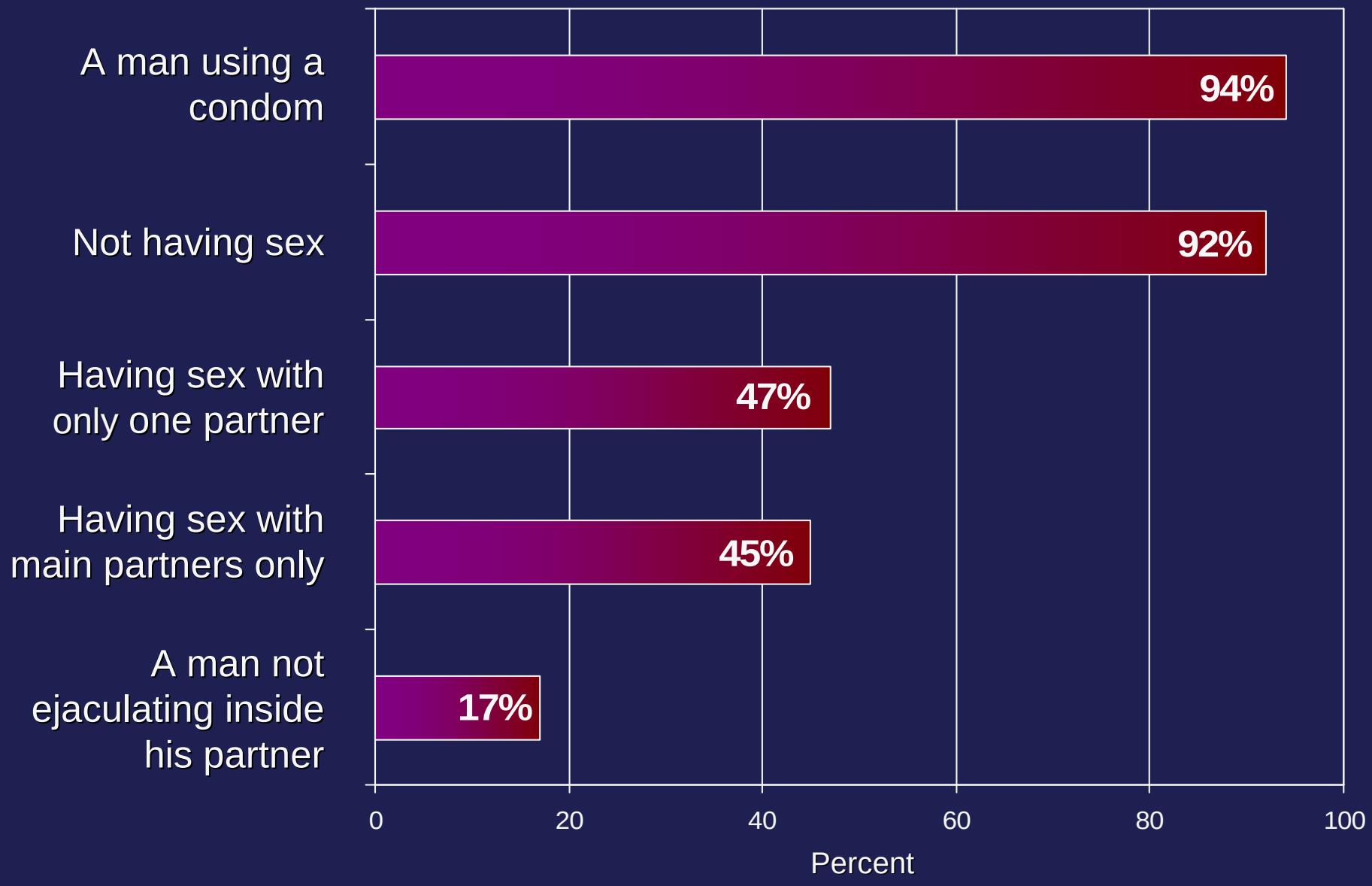
Characteristics of Sample (cont'd)

- 1/3 (33%) incarcerated in past 12 months
- 1/4 (28%) used cocaine or crack in past 12 months
- 1/5 (21%) self-reported being hepatitis C+
- 13% homeless in past 12 months
- 1 in 12 (8%) tested HIV+, and 1 in 24 (4%) had a previously undiagnosed infection

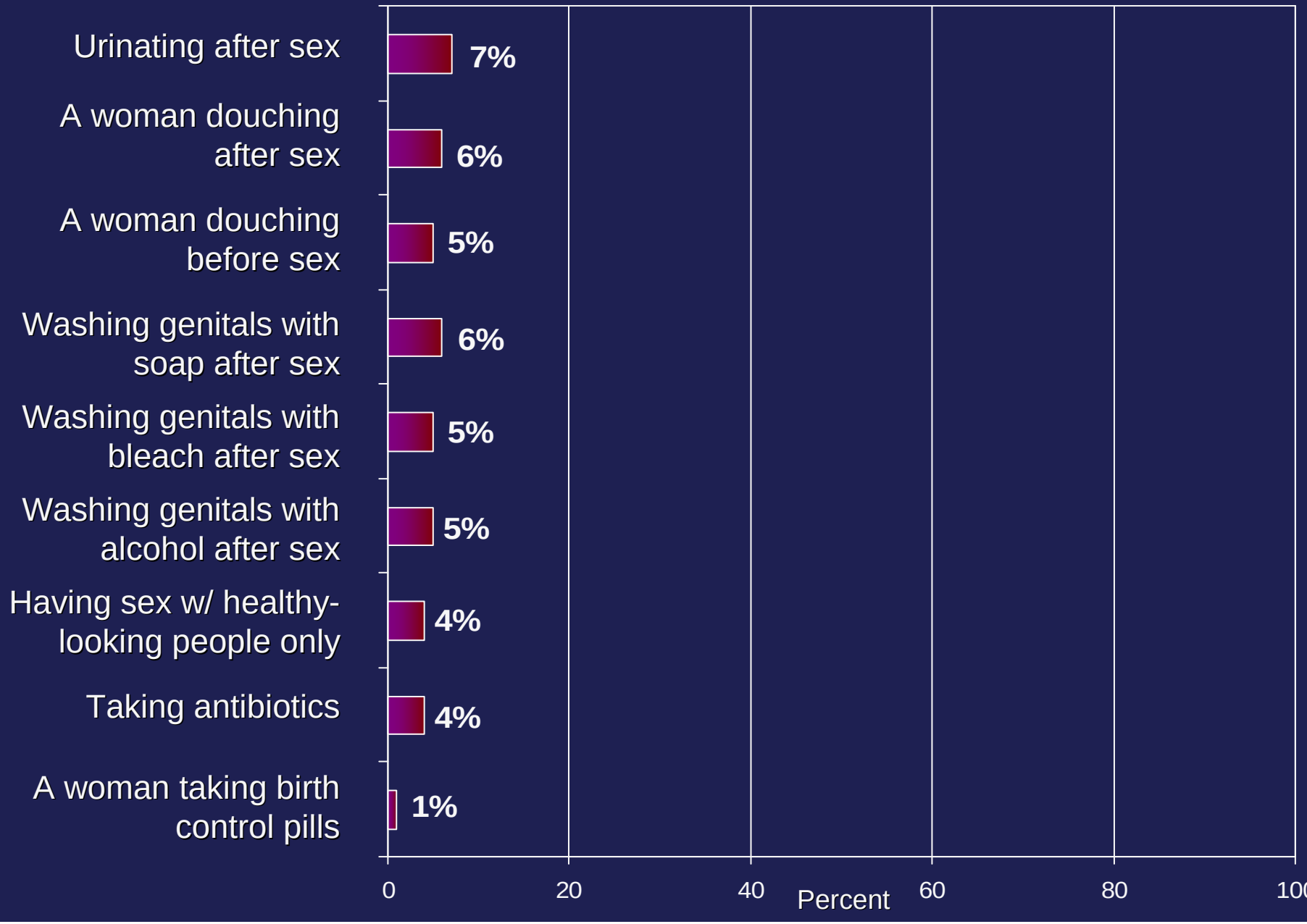
Beliefs on How HIV Can Be Spread, N=1,221



Beliefs on How HIV Can Be Prevented, N=1,221



Beliefs on How HIV Can Be Prevented (cont'd), N=1,221



Odds Ratio Estimates for Having One or More Incorrect Prevention Beliefs

Logistic Regression

	Adj OR	95% LCL	95%UCL
Female[x]	0.77	0.58	1.02
Age[x]	1.01	1.0	1.03
Hispanic*[x]	3.35	1.19	9.48
Black (non-Hispanic)*[x]	2.02	0.74	5.50
Positive HIV Status**	0.58	0.27	1.25
Unknown HIV Status**	1.55	1.16	2.07
Depressed	2.14	1.63	2.82

x Forced into model

*Reference for race/ethnicity is white (non-Hispanic)

**Reference for self-reported HIV status is negative

Odds Ratio Estimates for Having One or More Incorrect Transmission Beliefs

Logistic Regression

	Adj OR	95% LCL	95%UCL
Female[x]	0.87	0.66	1.13
Miami[x]	0.83	0.64	1.07
Age[x]	0.98	0.97	0.99
Hispanic*[x]	1.20	0.47	3.05
Black (non-Hispanic)*[x]	1.46	0.60	3.56
Positive HIV Status**	0.50	0.23	1.08
Unknown HIV Status**	1.49	1.12	1.97
Depressed	1.32	1.01	1.72
Heavy Alcohol Use	1.78	1.33	2.38
Visited HIV Provider in Past 12 Months	0.73	0.56	0.96

x Forced into model.

*Reference for race/ethnicity is white (non-Hispanic)

**Reference for self-reported HIV status is negative

Limitations

- Data are preliminary
- Data are predominantly self-reported and subject to recall bias
- Data are cross sectional and time order cannot be established
- Findings can only be generalized to the population meeting eligibility criteria who attended venues on the sampling frame

Implications

- While most (>90%) participants held correct beliefs about HIV prevention and transmission, over 1/3 reported one or more misconceptions
- Participants reporting myths were commonly unaware of their HIV status and may be at increased risk for transmitting HIV to others
- Future prevention efforts should debunk myths about HIV prevention and transmission
- Service providers should link clients to HIV testing, mental health services, and other healthcare services

THANK YOU!

A BIG THANK YOU TO THE FLORIDA NHBS-HET TEAM FOR THEIR OUTSTANDING WORK!

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